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*Before the Human Services Committee  
In Re: Raised Bill 5144  
Tuesday, February 23, 2010*

Good morning, Representative Walker, Senator Doyle and other members of the Human Services Committee. My name is Wilson Tirado. I am a Supervising Nurse at Riverview Hospital and a member of the New England Health Care Employees Union, District 1199. I am here today to testify in support of Bill 5144, **An Act Concerning the Operation of Riverview Hospital and Connecticut Children's Place.**

As a psychiatric nurse with twenty years of experience in caring for Connecticut's children, I strongly endorse taking a fresh look at how we deliver services to children with mental health issues in this state. This bill would require that a study be undertaken to determine if these two psychiatric facilities for children and youth should remain within DCF or be transferred to DMHAS. The bill details certain questions to be examined in the report but the fundamental question is this: **"Which agency can best serve the mental health needs of our children?"**

Unlike Connecticut, which splits the responsibility for state psychiatric services by age between DCF and DMHAS, most states, including our immediate

neighbors Massachusetts, Rhode Island and New York, do not have separate mental health departments for children. The experience of my coworkers – both professional and direct-care givers – over the last few years suggests that the concept of an “all under one roof” child service agency, while well-intentioned, may not be the best approach for treating children with serious psychiatric disorders, and may in fact be creating some of the transition problems and “aging-out” issues that are addressed in other legislation you are considering today, in Bill 5067.

Consistency and continuing of care are critical in developing and maintaining effective mental health treatment. The necessity of shifting responsibility for care management between agencies in late adolescence can create lapses or gaps in care at a critical time in development when symptoms of severe psychiatric illness can become more apparent or acute. It is certainly worth examining which agency is best equipped to manage care for children requiring residential treatment.

It is also important to explore if and where there might be efficiencies of scale and operation if we were to consolidate the management of all psychiatric residential treatment facilities within one agency rather than splitting administrative responsibilities for this type and level of treatment between two departments based on age differences.

DCF also has the heavy responsibility of providing child protection and welfare services, as well as services within Juvenile Justice facilities and agencies. Putting psychiatric services for children under the control of DMHAS

could potentially permit the DCF to increase its focus on and devote more resources to these core functions, potentially freeing up resources to bring more DCF children currently in out-of-state placements home.

Finally, the recent closure of High Meadows suggest that, DCF does not always function effectively as an advocate for the best interests of our children. Commissioner Hamilton recently closed High Meadows, one of the most effective, most highly-praised state-operated facilities for children with severe behavioral and mental health disorders. The closure was opposed not just by legislators, parent and employees, but by highly-respected psychiatric experts at the Yale School of Medicine and Stamford Hospital.

For all of these reasons, the 22,000 health care workers in our union, strongly endorse the study proposed in Bill 5144 and urge your support for its passage. Thank you for your attention today.